



City of Rosemead

Community Development Block Grant Program – 2023/2024 FY

PARTICIPANT DATA FORM

ORGANIZATION/PROGRAMS:	
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PARTICIPANTS INFORMATION

Participants Name:		
Parent/Guardian Name if Minor:		
Address:		Rosemead CA 91770
Phone Number:		

PARTICIPANT AND HOUSEHOLD BACKGROUND

Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Age:	<input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17
Household Size - <i>Number of persons living in the same house.</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 _____ Other
Total Household Income - See chart Below	<input type="checkbox"/> Extremely Low <input type="checkbox"/> Very Low <input type="checkbox"/> Low <input type="checkbox"/> Other
Is the head of your household female?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Total Household Income Chart

1. Find your Household Size
2. In that row, find the range where your Total Household Income lies.

Household Size	Extremely Low	Very Low	Low
1	\$0 – \$24,850	\$24,851 - \$41,400	\$41,401 - \$49,680
2	\$0- \$28,400	\$28,401 - \$47,300	\$47,301 - \$56,760
3	\$0 - \$31,950	\$31,951 – \$53,200	\$53,201 - \$63,840
4	\$0 – \$35,450	\$35,451 - \$59,100	\$59,101 - \$70,920
5	\$0 - \$38,300	\$38,301 - \$63,850	\$63,851 - \$76,620
6	\$0 - \$41,150	\$41,151 - \$68,600	\$68,601 - \$82,320
7	\$0 - \$44,000	\$44,001 - \$73,300	\$73,301 - \$87,960
8	\$0 - \$46,800	\$46,801- \$78,050	\$78,051 - \$93,660

ADDITIONAL ELIGIBILITY INFORMATION

Are you disabled?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you Receive income for any of these sources?	<input type="checkbox"/> CalWorks <input type="checkbox"/> CalFresh <input type="checkbox"/> MediCal <input type="checkbox"/> Social Security <input type="checkbox"/> General Assistant <input type="checkbox"/> Other

RACE AND ETHNICITY

RACE	HISPANIC ETHNICITY - Check if yes
White	<input type="checkbox"/>
Black/African American	<input type="checkbox"/>
Asian	<input type="checkbox"/>
American Indian/Alaskan Native	<input type="checkbox"/>
Native Hawaiian/Other Pacific Islander	<input type="checkbox"/>
Mix: Black/African American & White	<input type="checkbox"/>
Mix: Asian & White	<input type="checkbox"/>
Mix: American Indian/Alaskan Native & White	<input type="checkbox"/>
Mix: American Indian/Alaskan Native & Black/African	<input type="checkbox"/>
Other Multi-Racial	<input type="checkbox"/>
Decline to State	<input type="checkbox"/>

ACKNOWLEDGMENT AND DISCLAIMER

The above mentioned program is funded, in part, by the U.S. Department of Housing and Urban Development (HUD). HUD monitors the City as to the income and ethnicity of program participants. The information being requested is only for monitoring and auditing purposes, as required by HUD. It is not intended for public dissemination.

This application must be completed and signed by the participant's legal guardian who seeks to receive benefits from the program listed above. Proof of residence and household income may be requested.

I hereby certify under penalty of perjury that the above information I have provided in this application is true & correct. I acknowledge and understand that the information I have provided here will be relied upon the purposes of determining my eligibility for this program. I acknowledge that a material misstatement fraudulently or negligently made in this or in any other statement made by me may constitute a federal violation and may result in the denial of my participation in this program.

Signature of Participant (or Parent/Guardian)

Date

For Office Use: Supporting Documentation. Please confirm with the City of Rosemead the necessity to collect supporting documentation. If so, provide both Program eligibility and Address Documentation.

Eligibility – One Required

- Copy of Any State or Federal Benefits Card – CalFresh, MediCal, Social Security; etc.
- Federal Tax Form
- Paychecks for 3 Months

Address – If address on any form above is not a City address.

- Driver's License
- Utilities Bill